PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effec	ctive Octob			1087	28	//				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				R THAN ENTITY
T	OTAL CLAIMS	3	1.	5				RATE	FEE	7	RATE	FEE
F	OR [*]		NUMBER	R FILED	NUMBER EXTRA		l	BASIC FEE 385.		OR	BASIC FEE	770.00
 	OTAL CHARGE	ARIE CLAIMS	 	/5 minus 20=		*		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 	1	1/2/2	1-,-
			1			_		X\$ 9=	ļ	OR		1
ļ	DEPENDENT C	NDENT CLAIM P	1	ninus 3 =	<u> </u>			X43=	ļ	OR	X86=	P
Livic	JUINCE DEFE	ADEMI CLAIM F	ŲESCIAI					145=		OR	+290=	
* If the difference in column 1 is less than zero, e					iter "0" in column 2			QTAL		OR	TOTAL	770
	CLAIMS AS AMENDED - PART II							**** 1 1	~ L 17 17 V	~ .	OTHER	
	(Column 1)			(Colun		(Column 3)	1	SMALL E		OR	SIVIALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
Q W	Total		Minus	** .		= .	×	(\$ 9=		OR	X\$18=	
ME	Independent	* .	Minus	***		= ·	\	(43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR.	+290=	
							L_	TOTAL		{	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2) .	(Column 3)	ADU	IT. FEE 1		1 /	אטטוו. רבב	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		· HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA	. П	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total		Minus	**		=	×	\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=	×	(43=		OR	X86=	
٩	FIRST PRESE		!				+290=					
							L	145= TOTAL		OR	TOTAL	· · · · ·
								IT. FEE		OR A	ADDIT. FEE	<u></u>
	·	(Column 1)		(Colum		(Column 3)	l			r		
AMENDM ENT C		REMAINING : AFTER AMENDMENT		NUMB PREVIOU PAID F	IER USLY	PRESENT EXTRA	R	ATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž DM	Total	Á	Minus	**		=	X	\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		=	X	43= .		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.200-	
* If the only is column 1 is less than the entry is column 2, write "0" in column 3									OR L	+290= TOTAL		
** 11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR AL	DDIT. FEE	
	The inglication	the Desidence Oald	Cart (Tatal as	Independen	A in the t	inheel number	found in	the anni	ooriale box	in colu	mn 1.	